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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		COL 202
First Named Inventor		ROGER DE LATHOUWER
COMPLETE IF KNOWN		
Application Number		/
Filing Date		
Group Art Unit		
Examiner Name		

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Suitcase with rollers

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

09/02/99

as United States Application Number or PCT International

(if applicable).

Application Number **PCT/BE99/00115** and was amended on (MM/DD/YYYY) **09/06/00**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
9800645	Belgium	09/02/98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/61 (1-01)

Approved for use through 10/31/2002. GOMS 0051-0202

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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	
Gross Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners at Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
HORST M. KASPER	28,559

Place Customer
Number Bar Code
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Individual Name

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name

Roger DE LATHOUWER

Signature

Date

1 March 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

 Total of 2 forms are submitted.

Submit Form B761-061. This form is estimated to take 3 minutes to complete. This will vary depending upon the needs of the individual case. Any questions on the amount of time you are required to complete this form should be sent to the Office Information Office, U.S. Patent and Trademark Office, Washington, DC 20591. The most recent issue of COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20591.

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PTO/SB/07 (10-06)

Approved for use through 10/31/2002. GPO: 0881-0272

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
of Gut Code Listed: _____ OR Correspondence address below.

Name: Horst M. KASPER

Address: 13 Forest Drive

Address:

City: Warren State: N.J. Zip: 07059

Country: US Telephone: (908)757-2839 Fax: (908)668-5262

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name: Roger Family Name: De Lathouwer
(first and middle (if any))

Inventor's Signature:  Date: 1 March 2001

Residence: City: State: Belgium Country: Citizenship: Belgian

Mailing Address: 34, avenue de Versailles

Mailing Address:

City: Bruxelles State: BEX Zip: 1020 Country: Belgium

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name: Family Name:
(first and middle (if any))

Inventor's Signature: Date:

Residence: City: State: Country: Citizenship:

Mailing Address:

Mailing Address:

City: State: Zip: Country:

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.